YES YOU CAN
HOME HELP AGENCY, LLC

Provider Application for Registry

INSTRUCTIONS

Please fill out the application as completely and as neatly as possible. Be sure to sign and date your completed application. Completed applications should be emailed to: **info@yesyoucan2.com**

If you have any questions about the application or the provider registry, please call 313-922-7227

Personal Information - Print your full name (last, first, middle), date of birth, address and other information as available.
Other Relevant Information - Fill in all areas that apply to you.
Training and Certification - If you have completed the trainings listed in this section check "Yes" or "No" for any of the listed trainings. If YES, provide the expiration date of the certification if you know your completion date.
Languages Spoken - Check the languages that you feel comfortable speaking on the job. If a language is not listed, then add it under "Other."
Driving and Access to a Car - You only need to fill in the section if you are both able and willing to drive either your car or your employer's car while on the job.
Work History - Provide information about your most recent work history if any.
Personal References - Provide contact information for at least two people who know you well. Do not list family members.
Work Preferences – This section is used to determine the types of work you are willing and able to do and the variety of people you wish to work with to provide services. Check all that apply. If you have experience working with certain types of people or in doing any of the listed tasks, check the "Experienced" box.
Schedule Preferences - This section is used to help match the work hours you want with the needs of potential clients. Be as accurate and as complete as possible. If you do not provide available times it could result in a lack of referrals. But not providing available times that you are able to work may prevent you from receiving referrals.
Criminal Background Check – Provide information on any criminal convictions. Please note that a "Yes" answer, even a felony conviction, does not necessarily make you ineligible to be placed on the registry.

Be sure to sign and date your application.

Provider Application for Registry

Name _____ / / _____
Last *First* *MI* *Date of Birth (MM/DD/YYYY)*

Residence Address: _____ City: _____ ZIP: _____
(Street or P.O. Box)

Mailing Address: _____ City _____ ZIP _____
(If different from above)

County of Residence: _____ Gender: □ Male □ Female
Gender will be used only when a consumer requests a provider of the same gender to provide personal care.

Home Phone: ( ) _____ Emergency Phone: ( ) _____

Cell Phone: _____ Email Address: _____

OTHER RELEVANT INFORMATION

Are you currently providing Home Help through the Department of Human Services (DHS)? □ Yes □ No
If yes, for whom? □ Relative □ NonRelative

Do you require any accommodation? □ Yes □ No If yes, please describe:

Do you smoke? □ Yes □ No
If yes, will you smoke only outside at work? □ Yes □ No

Will you work for consumers who smoke? □ Yes □ No

Would you be willing to work in a home with:

Cats? □ Yes □ No Dogs? □Yes □ No Other ____ No

Could you work for someone with fragrance sensitivities? □ Yes □ No

Please list any allergies or sensitivities that would prevent you from working in someone's home:

TRAINING AND CERTIFICATION

Please check if you have had recent training in this area and can provide proof of training, such as certificates.

Certified Training	Completed Training	Expiration Date
FirstAid CPR(cardiopulmonary resuscitation)	□ Yes □ No □ Yes	____
CNA(certified nursing assistant)	□ No □ Yes □ No □	____
CMH(Community Mental Health)	Yes □ No	____
		____

Other Home Help/Home Care relevant training, skills or experience? Please list:

Are there any skills for which you would like to see training offered? Please list:

LANGUAGES SPOKEN *Check all the languages you speak well enough to provide care.*

□ AmericanSign □ Arabic □ English □Hmong
□ Spanish □ Vietnamese Other _____

What one language do you speak best *(including English)?* _____

DRIVING AND ACCESS TO A CAR *(Check Yes or No. A car isn't necessary for many jobs.)*

Are you willing to use your car on the job? □ Yes □ No *Yes, provide Drivers License and Insurance Company.*
Are you willing to drive ac onsumer's car? □Yes □No *Yes, provide Drivers License and Insurance Company.*

Valid Drivers License Number and State: _____
Name of Insurance Company: _____
What counties are you willing to work in? _____

How many miles are you willing to drive or travel for work one way? _____

WORK HISTORY

Please list any HOME HELP/HOME CARE job(s) that you have had lasting 30 days or more in the last five years that we may call as references. Begin with your most recent work. If you do not have HOME HELP/HOME CARE work references, list any other work. We must reach three references, preferably for current or previous employment, volunteer work, or from a school you have recently attended. If you do not have three work or school references, provide us two personal references.

Employer or Consumer: Address:	Phone# Best times to call:	
Your Job Title:	Permission to call: □ Yes	□ No
Supervisor's/Consumer's Name (if different from above)	Period of employment:	
	From (month/yr)	to(month/yr)
Reason for leaving:		
For Office Use Only: □ Positive HH/HC reference □ Other positive work reference □Unable to contact Verify?□ Yes □ No		
Employer or Consumer: Address:	Phone# Best times to call:	
Your Job Title:	Permission to call: □ Yes	□ No
Supervisor's/Consumer's Name (if different from above)	Period of employment:	
	From (month/yr)	to(month/yr)
Reason for leaving:		
For Office Use Only: □ Positive HH/HC reference □ Other positive work reference □Unable to contact Verify?□ Yes □ No		
Employer or Consumer: Address:	Phone# Best times to call:	
Your Job Title:	Permission to call: □ Yes	□ No
Supervisor's/Consumer's Name (if different from above)	Period of employment:	
	From (month/yr)	to(month/yr)
Reason for leaving:		
For Office Use Only: □ Positive HH/HC reference □ Other positive work reference □Unable to contact Verify? □ Yes □ No		

PERSONAL REFERENCES

List two people you know personally whom we can contact as references. Do not list family members.

Name: How do you know this person and for how long?	Home phone #: Work phone #: Office: Check if positive reference ☐

Name: How do you know this person and for how long?	Home phone #: Work phone #: Office: Check if positive reference ☐

WORK PREFERENCES

Please check boxes indicating if you are experienced in or willing to assist in any of the following areas. We cannot guarantee consumers calling you will match all your preferences. We encourage you to consider performing all tasks and serving all consumers.

Work with persons who are:	Yes	Maybe No	Experienced
Men	☐	☐ ☐	☐
Women	☐	☐ ☐	☐
Children	☐	☐ ☐	☐
Adults (18-62)	☐	☐ ☐	☐
Elderly (65+)	☐	☐ ☐	☐
Terminally ill		☐ ☐	☐
Developmentally Disabled	☐	☐ ☐	☐
Mentally ill	☐	☐ ☐	☐
Memory impaired	☐	☐ ☐	☐
Hearing impaired	☐	☐ ☐	☐
Vision impaired	☐	☐ ☐	☐
Multiply impaired	☐	☐ ☐	☐

Personal care including:	Yes	Maybe Yes	Experienced
Helping with medicine	☐	☐ ☐	☐
Lifting/transferring	☐	☐ ☐	☐
Mobility Assistance	☐	☐ ☐	☐
Feeding	☐	☐ ☐	☐
Bathing	☐	☐ ☐	☐
Dressing	☐	☐ ☐	☐
Grooming	☐	☐ ☐	☐
Toileting, diapers, bed pans, etc.	☐	☐ ☐	☐
Toileting, catheters/ colostomy bags	☐	☐ ☐	☐

Domestic tasks including:	Yes	Maybe	No	Experienced
Meal Preparation & clean-up	☐	☐	☐	☐
Housework	☐	☐	☐	☐
Shopping/errands (no car required)	☐	☐	☐	☐
Laundry	☐	☐	☐	☐

SCHEDULE PREFERENCES

Areyouwillingtowork: □RoutineCare □Holidays □BackupCare□Emergencyoncall

Check all the days and times you are available to work weekly:

□AllMornings(612)	□Mon	□Tue □Wed	□Thu □Fri	□Sat	□Sun
□AllAfternoons126)	□Mon	□Tue □Wed	□Thu □Fri	□Sat	□Sun
□AllEvenings(612)	□Mon	□Tue □Wed	□Thu □Fri	□Sat	□Sun
□AllMidnights(126)	□Mon	□Tue □Wed	□Thu □Fri	□Sat	□Sun

Mostconsumersneedpart timeproviders.Youcanacceptmorethanonepart timejobifyoupreferafull timeschedule.

What are the FEWEST hours per week you would be willing to work for one individual consumer?

□05 hours per week □610 hours per week □1125 hours per week □26+ hours per week

What is the GREATEST number of hours you would be willing to work for an individual consumer?

□05 hours per week □610 hours per week □1125 hours per week □26+hours per week

Please check whether you want short term or long term jobs.

□No Preference □Short-term(Less than 3 months) □Long-term(More than 3 months)

Are you willing to work for more than one consumer? ☐ Yes ☐ No

Employer or Consumer: Address:		Phone # Best times to call:
Your Job Title:		Permission to call: Yes No
Supervisor's/Consumer'sName(if different from above)		Period of employment: From _____ to _____ (month/yr) (month/yr)
Reason for leaving:		
For Office Use Only: Positive HH/HC reference Other positive work reference Unable to contact	Attempts to call: 1) 2) 3) Follow Up:	Reference Notes:

Employer or Consumer: Address:		Phone # Best times to call:
Your Job Title:		Permission to call: Yes No
Supervisor's/Consumer'sName(if different from above)		Period of employment: From _____ to _____ (month/yr) (month/yr)
Reason for leaving:		
For Office Use Only: Positive HH/HC reference Other positive work reference Unable to contact	Attempts to call: 1) 2) 3) Follow Up:	Reference Notes:

CRIMINAL BACKGROUND CHECK

Have you been convicted of a felony? □ Yes □ No (*A"yes"answer does not automatically disqualify you from being on the Registry.*
If yes, list the type of felony for all convictions, the date of conviction, as well as the State and County: Use additional paper if more space is needed..

Felony: _____ Sentence: _____ Conviction Date: _____

Date of Sentence Completion _____ State: _____ County: _____

Name and phone numbers of your parole/probation officers we can contact as references:

_____

Have you been convicted of a misdemeanor? □ Yes □ No

Misdemeanor: _____ Sentence: _____ ConvictionDate: _____

Date of Sentence Completion _____ State: _____ County: _____

I certify that I am at least 18 years of age and all information on this form is true to the best of my knowledge. I understand that any omission or misrepresentation of information on this form may disqualify me from being listed on the registry. I give the MDCH or its designee permission to conduct a criminal background check. I will report any changes in my criminal history status that occur after this date. I give the MDCH or its designee permission to share my criminal history and other relevant information in my file with individual consumers who are looking for providers. I understand that I am filling out this application:

- to possibly list my name on the registry but the application is no guarantee of employment;
- that a consumer must agree to select me for employment; and
- that the MDCH is not responsible in anyway for finding employment for me with a consumer.

Signature _____ Date _____